

FILED JAN 16 1951

## STANDARD CERTIFICATE OF DEATH

2069

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Mo</u>		<u>1804</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1206 E 19th</u>				d. STREET ADDRESS (If rural, give location) <u>1206 E 19th</u>				
3. NAME OF DECEASED (Type or Print) <u>BETTIE</u>			a. (First) <u>A</u>		b. (Middle) <u>LOVE</u>		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Jan. 1, 1951</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 6, 1870</u>		
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>80</u>		11. DAYS <u>80</u>		12. HOURS <u>80</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Otterville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Anthony</u>		13b. MOTHER'S MAIDEN NAME <u>Benjamin Vance</u>		14. NAME OF HUSBAND OR WIFE <u>John J. Love</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ted Schuerman</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of transverse colon</u> DUE TO (c) <u>Pernicious anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>153X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10-31-1950</u> , to <u>Jan. 1, 1951</u> , that I last saw the deceased alive on <u>1-1-1951</u> , and that death occurred at <u>3:30A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas. Gordon Stauffer M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>1-5-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-1951</u>		REGISTRAR'S SIGNATURE <u>Chas. Gordon Stauffer</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Chas. Gordon Stauffer</u>		ADDRESS <u>Sedalia Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 1-15-8-1  
DISTRICT HEALTH OFFICE No. 3  
District File number \_\_\_\_\_  
Date Filed 1-15-8-1

MAR 25 1987

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Roger L. Fuller*

Signed.....  
Student Embalmer

Licensed Embalmer No.

4818

P. O. Address

*Sedalia, Mo.*

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.